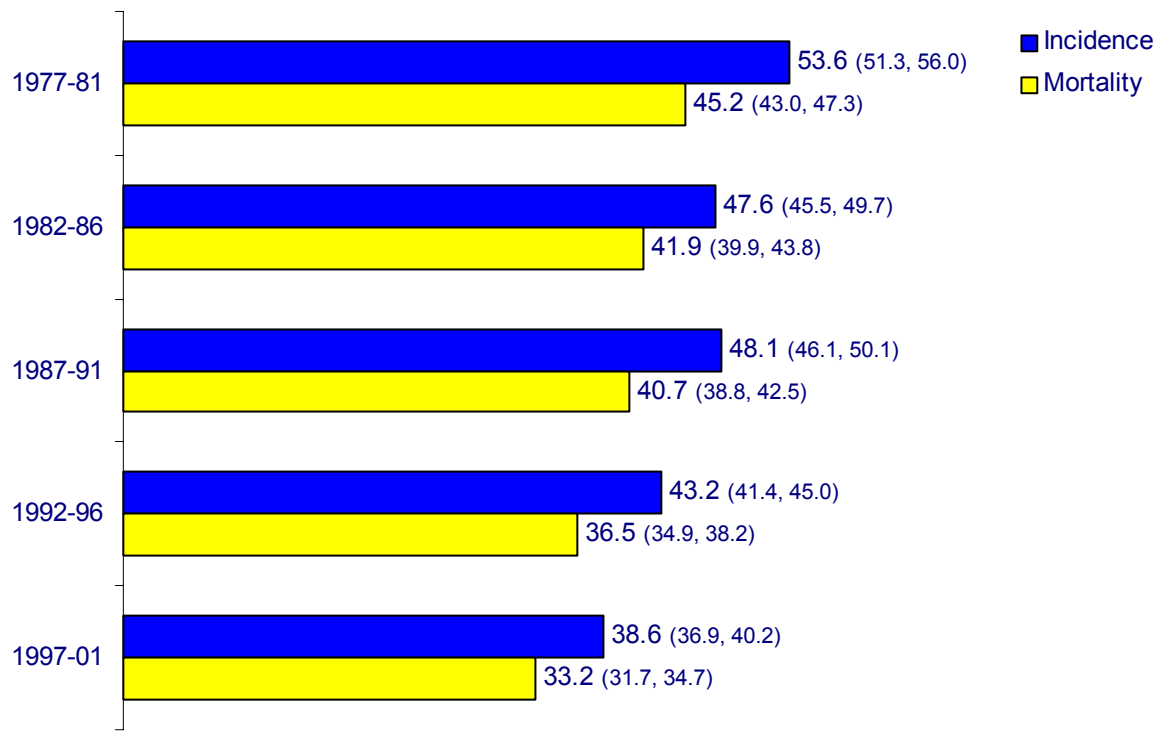


# Annual incidence and mortality rates for cancer in South Australia in 1977-2001 for calendar-year groupings per 100,000 (age-standardized to World Population)

Cancer site: **Lung**

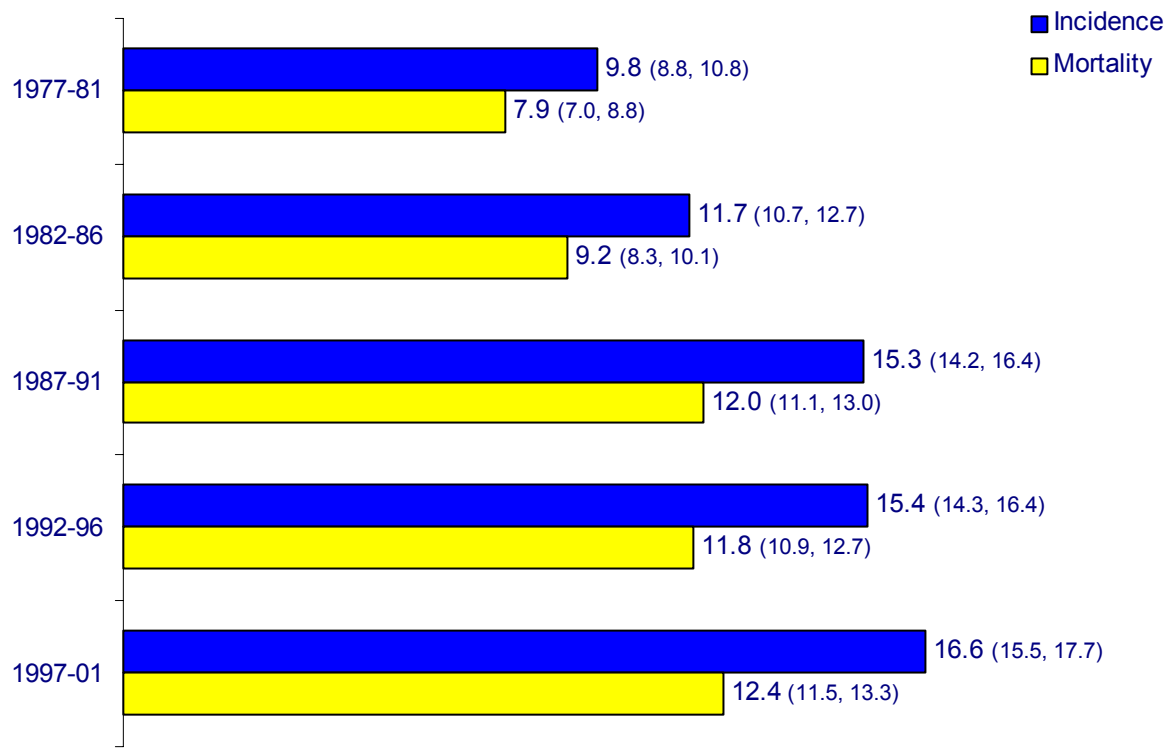
Males Incidence (95% confidence limits)



# Annual incidence and mortality rates for cancer in South Australia in 1977-2001 for calendar-year groupings per 100,000 (age-standardized to World Population)

Cancer site: **Lung**

Females Incidence (95% confidence limits)

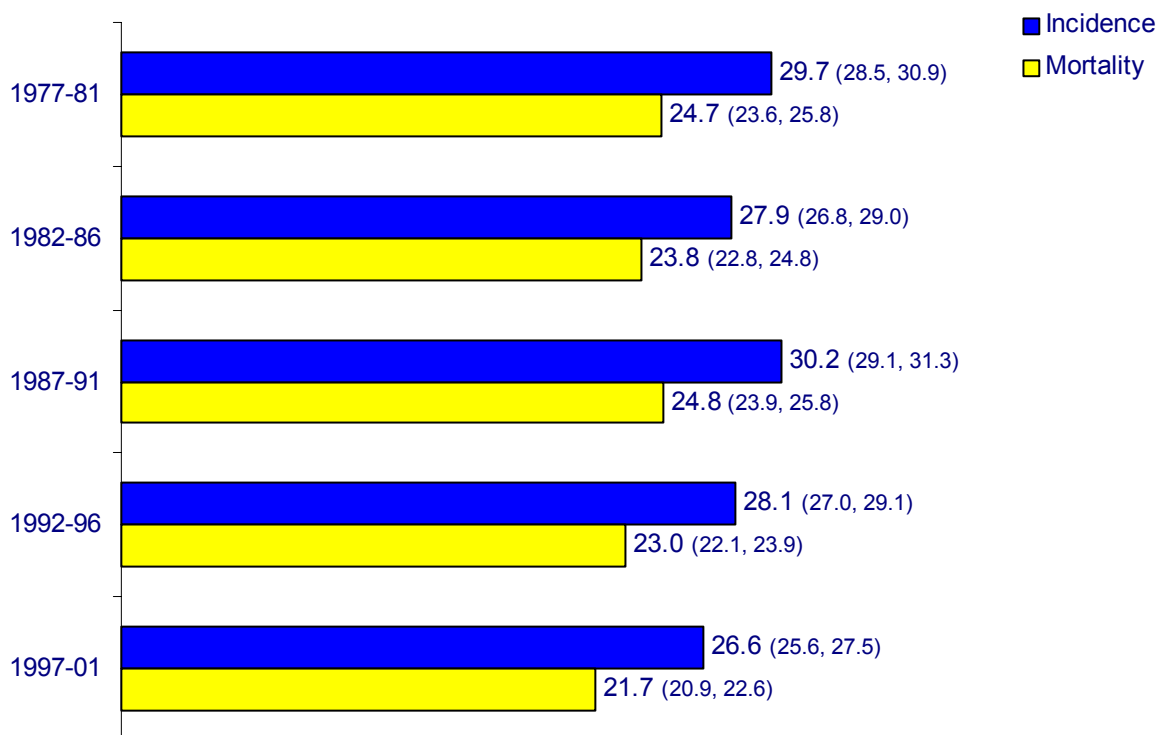


## Annual incidence and mortality rates for cancer in South Australia in 1977-2001 for calendar-year groupings per 100,000 (age-standardized to World Population)

Cancer site: **Lung**

Both

Incidence (95% confidence limits)



## LUNG

- South Australia and Australia overall had a low incidence of lung cancer in 1993-97 by international standards. Higher rates were suggested in Europe and other regions with populations predominantly of European extraction, such as North America, the United Kingdom/Ireland, and New Zealand. The worldwide variation in incidence during that period was more than five fold.
- Within South Australia, the incidence was more than 30% higher in the overseas-born than Australian born during 1977-2000. Among those with higher incidence rates were residents born in Northern Europe, the United Kingdom/Ireland, and Eastern Europe. Males born in Southern Europe also had a higher rate than Australian-born males, but females born in Southern Europe had a relatively low rate.
- South Australian residents of low socio-economic areas had an elevated incidence of lung cancer in 1977-2001. In general, the incidence was about 17% higher in Adelaide than in the country. Adelaide regions with the highest incidence comprised Western and Northern, whereas the lowest rate applied to the Eastern region. In the country, an exceptionally high incidence was suggested for Whyalla.
- **Incidence and mortality reduced by around 27% in males between 1977-81 and 1997-2001, reflecting historic declines in tobacco smoking. By comparison, there were increases among females of about 60% or more, which mostly occurred prior to the 1990s.**
- Risk factors include:
  - Tobacco smoking, which would account for over 80% of lung cancers in Australian males and about three quarters of those in females.
  - Historic occupational exposures, such as exposures to asbestos; inorganic arsenic; chloromethyl ethers; chromium compounds; products of steel and nickel processing; polycyclic aromatic hydrocarbons from coal-gas generation, coke plants and other sources; silica dust; radon products in uranium and other mining settings; and ionising radiation.
  - Possibly air pollution.
  - Diets low in vegetables and fruit.